

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590
James C Wray
Suite 300
1493 Chain Bridge Road
McLean, VA 22101



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(Signature)
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APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/628,720	07/28/2000	Bruce W. Bremer	CARSON	3345

TITLE OF INVENTION: Mediated electrochemical oxidation of biological waste materials

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
70	nonprovisional	YES	3640	50	3640	01/02/2002
EXAMINER	ART UNIT	CLASS-SUBCLASS				
PHASGE, ARUN S	1741	203-701000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. James Creighton Wray
 2. Meera P. Narasimhan
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)		<input type="checkbox"/> individual	<input type="checkbox"/> corporation or other private group entity	<input type="checkbox"/> government
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<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>30</u>		<input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2018 is attached. <input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).		

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature) J. C. Wray (Date) 12/28/2001

12/31/2001 EABUBAK2 00000001 09628720

01 FC:242 640.00 IP
02 FC:561 30.00 IP

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